



# CITY OF FALLS CHURCH

HARRY E. WELLS BUILDING  
300 Park Avenue – Falls Church, VA 22046-3332

Department of Development Services

Zoning Division

Phone: 703.248.5015

Fax: 703.248.5184

## APPLICATION FOR SIGN PERMIT

Location Address \_\_\_\_\_ Date of Application \_\_\_\_\_

Name of Business \_\_\_\_\_ Applicant Name \_\_\_\_\_

Type of Business \_\_\_\_\_ Applicant Address \_\_\_\_\_

Zoning District \_\_\_\_\_ ( )  
Applicant Phone \_\_\_\_\_

### TYPE OF PROPOSED SIGN:

Awning sign	<input type="checkbox"/>	Freestanding pole mount	<input type="checkbox"/>	Temporary sign	<input type="checkbox"/>
Banner (Temporary)	<input type="checkbox"/>	Freestanding	<input type="checkbox"/>	Wall mount	<input type="checkbox"/>
Box sign wall mount	<input type="checkbox"/>	Neon window sign	<input type="checkbox"/>	Wall sign lighted	<input type="checkbox"/>
Canopy sign	<input type="checkbox"/>	Replace face only	<input type="checkbox"/>	Wall sign non-lighted	<input type="checkbox"/>
Freestanding ground	<input type="checkbox"/>	Sandwich sign	<input type="checkbox"/>	Window sign	<input type="checkbox"/>

### SIGN LOCATION DETAIL:

Building Front length: \_\_\_\_\_ (Ft.) Lot Frontage length: \_\_\_\_\_ (Ft.)

Total Area of Pane of Glass: \_\_\_\_\_ (ft.<sup>2</sup>) Is the proposed sign illuminated? ☐ Yes ☐ No

Provide a brief description of the proposed sign:

Provide a brief description of existing signs at this location and their permit numbers, dimensions and heights:

**IMPORTANT:** Plans and elevations drawn to scale and showing the proposed sign location in relation to existing and proposed buildings, and public and private streets, drive ways, alleys, sidewalks, etc., as required by 38-35 of the City of Falls Church Code, **MUST** accompany this application.

### CONTRACTOR INFORMATION:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

### PROPERTY OWNER INFORMATION:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Do you have a valid Sign Contractor license in the city of Falls Church? ☐ Yes ☐ No

*"I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND THE INSTALLATION WILL CONFORM TO ALL APPLICABLE ORDINANCES"*

Occupant or Agent signature: \_\_\_\_\_ Date: \_\_\_\_\_

*"I HEREBY GRANT PERMISSION FOR THE ERECTION, INSTALLATION OR MAINTENANCE OF THE SIGN DESCRIBED HEREIN AND CERTIFY AGREEMENT TO THE CONDITIONS STATED ABOVE"*

Owner or Agent signature: \_\_\_\_\_ Date: \_\_\_\_\_

Insurance Company / Policy #: \_\_\_\_\_ Liability: \_\_\_\_\_

### —FOR OFFICIAL USE ONLY—

Date Received: \_\_\_\_\_ A.A.B. action: ☐ Approved ☐ Denied

Received By: \_\_\_\_\_ Fee: \_\_\_\_\_ Date: \_\_\_\_\_

Application Approved: \_\_\_\_\_ Date: \_\_\_\_\_

AAB #: \_\_\_\_\_ Zoning Administrator

CSV #: \_\_\_\_\_ Permanent Sign ☐ Temporary Sign ☐